

# WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

## Child and Adult Care Food Program Community Nutrition Programs

### Instructions for Completing the Nonprofit Food Service (NPFS) Financial Report (PI-1463, rev. 06-12) for Independent Agencies

All for-profit, nonprofit and public agencies operating only one site on the food program during the current year must complete the PI-1463. Every year this report is due **November 1<sup>st</sup>**. If your agency is closing or ending participation in the Child and Adult Care Food Program (CACFP) prior to November 1<sup>st</sup>, please complete and submit a copy of the annual report for the time period that your agency participated in the program for the current year, and submit it to the DPI within 30 days from the last day of participation. Your agency must retain a copy of the completed PI-1463 and its supporting documentation for three years plus the current year.

Failure to submit the required annual Nonprofit Food Service Financial Report is a serious deficiency and may result in termination from future program participation.

- A. Fiscal Year: Complete the last two digits of the program reporting year. For example for fiscal year 2006 (October 1, 2005 through September 30, 2006), enter '05' in the blank next to the October 1, 20 and '06' in the blank next to the September 30, 20. If your agency did not start in the beginning of the program year, cross out October and enter in the month your agency started on the program. If your agency quit the program before September 30, cross out September 30 and enter the last day of food program operation.
- B. Agreement Number: Enter the six digit agreement number that is used when submitting your claims.
- C. Agency Name: Enter the name of your agency as it appears on your approved Application/Agreement.
- D. Address: Enter the mailing address including the street, city, state and zip code of the agency listed in item C.

### **Program Income:**

- 1. Net CACFP income carried forward from prior fiscal year. Enter the amount of **CACFP income** that was not spent in the prior program (federal fiscal) year. Enter zero (0), if all of the **CACFP income** that was claimed in the prior program (federal fiscal) year was spent.
- 2. Federal reimbursement earned (not received) this year under the Child and Adult Care Food Program. Enter the amount of reimbursement that your agency earned for reimbursable meals served and reported during the program (federal fiscal) year. For example, total the reimbursement claim confirmation letters, that were received with the reimbursement checks for the October through September claims.
- 3. Income received this year from children and adults as payment for meals served. If your agency charges separately for meals served to program children and/or adults, enter the amount received during the program year. *Only agencies approved as pricing programs can charge separately for meals served to program children.*
- 4. Other food service program income this year including food service interest income. Enter the amount of other food service program income that your agency received for the food program. Some examples include rebates received on purchased food items and interest earned on your CACFP income.
- 5. Additional income used to supplement the CACFP costs. Specify. Enter the source and amount of other income that your agency uses to supplement the CACFP reimbursement in order to cover the cost of the food program expenses listed in items 7 through 10. The amount entered should only be enough to cover the costs listed in item #11 less the CACFP reimbursement earned, and any other income reported on lines #1, 3 and 4. Be sure to type or write the income source (e.g. Tuition). Sample calculation: Line #11 – (Line #1+ line #2 + line #3 + line #4) = Line #5.
- 6. Total Food Service Income. Add lines 1 through 5 and enter the total here.

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### Program Costs:

*Note: Please ensure all program costs paid with CACFP funds have received prior approval from the DPI on the budget submitted annually with the Application/Agreement (contract). All reported costs must be actual costs that are supported by documentation and not estimates.*

7. Food costs this year. Enter the actual amount of money that your agency spent on consumable food goods during the program year. This dollar amount must be supported by actual receipts and/or invoices and should not include any non-food/kitchen supply costs.
8. Nonfood/kitchen supply costs. Enter the actual amount of money that your agency spent on nonfood and/or kitchen supply costs during the program year. This would include any paper products, cleaning supplies, small utensils, etc. The dollar amount reported must be supported by actual receipts and/or invoices and should not include any food costs.
9. Food Service labor costs this year including both operational and administrative salaries & benefits. Enter the actual amount of money that your agency spent on salaries/wages and any applicable benefits for your food program employees. Operational food program employees consist of the person(s) in your agency responsible for the preparation of the meals, grocery shopping, menu planning, and/or sanitation. Administrative food program employees consist of the person(s) in your agency responsible for the completion and maintenance of all recordkeeping documents used to complete the monthly CACFP claim. If the employee(s) job duties include other areas of the child and/or adult care center besides the food program, only record the food program percentage (percentage of time spent) of wages and benefits.
10. Other food service costs. Specify. Enter any other food program cost your agency incurred as a result of operating the food program, **regardless if it was paid in full or in part with your CACFP reimbursement.** Specify the actual expense in the space provided and include the total amount spent. Ensure that all “other” costs were included in your agency’s approved budget in the beginning of the contract year. Examples of “other” food service costs would be, contracted services, training, and travel. **Note: The cost of meals purchased from a food service vendor (e.g., school, other day care center, hospital, etc.) should be listed as an “other” food service cost and should not be included in the total Food Costs (line 7) for the program year.**
11. Total Food Service Costs. Add lines 7 through 10. Enter the total here.
12. Net Income. Subtract line 11 from line 6. **This line should always equal zero.**

### Certification

- A. This line must be signed by the Authorized Representative listed on the Application/Agreement. The Authorized Representative may designate another person to sign the report by notifying DPI in writing prior to submission of the final Nonprofit Food Service Financial Report. *Note: If submitting this report electronically (via e-mail) the e-mail transmittal is the same as a signature.*

### Submission

This report can be downloaded at <http://dpi.wi.gov/fns/centermemos.html>. It can be found under Guidance memorandum #11. Download the form to your computer, complete, save, and submit electronically to Cari Ann Muggenburg via e-mail at [cari.muggenburg@dpi.wi.gov](mailto:cari.muggenburg@dpi.wi.gov). Your e-mail will serve as your signature to the certification statement. Any extension requests must be submitted in writing via e-mail to Cari Muggenburg at the address listed above.